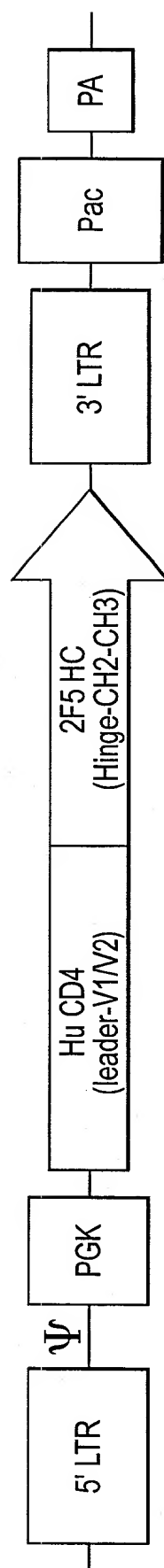
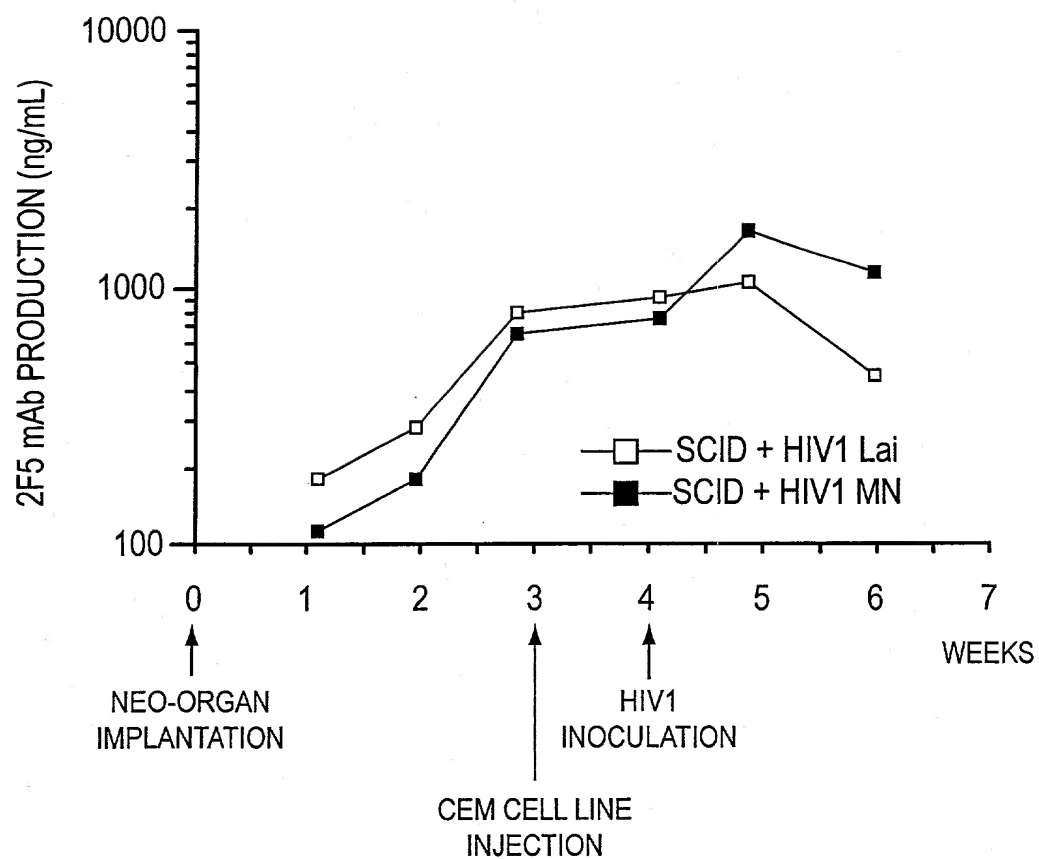


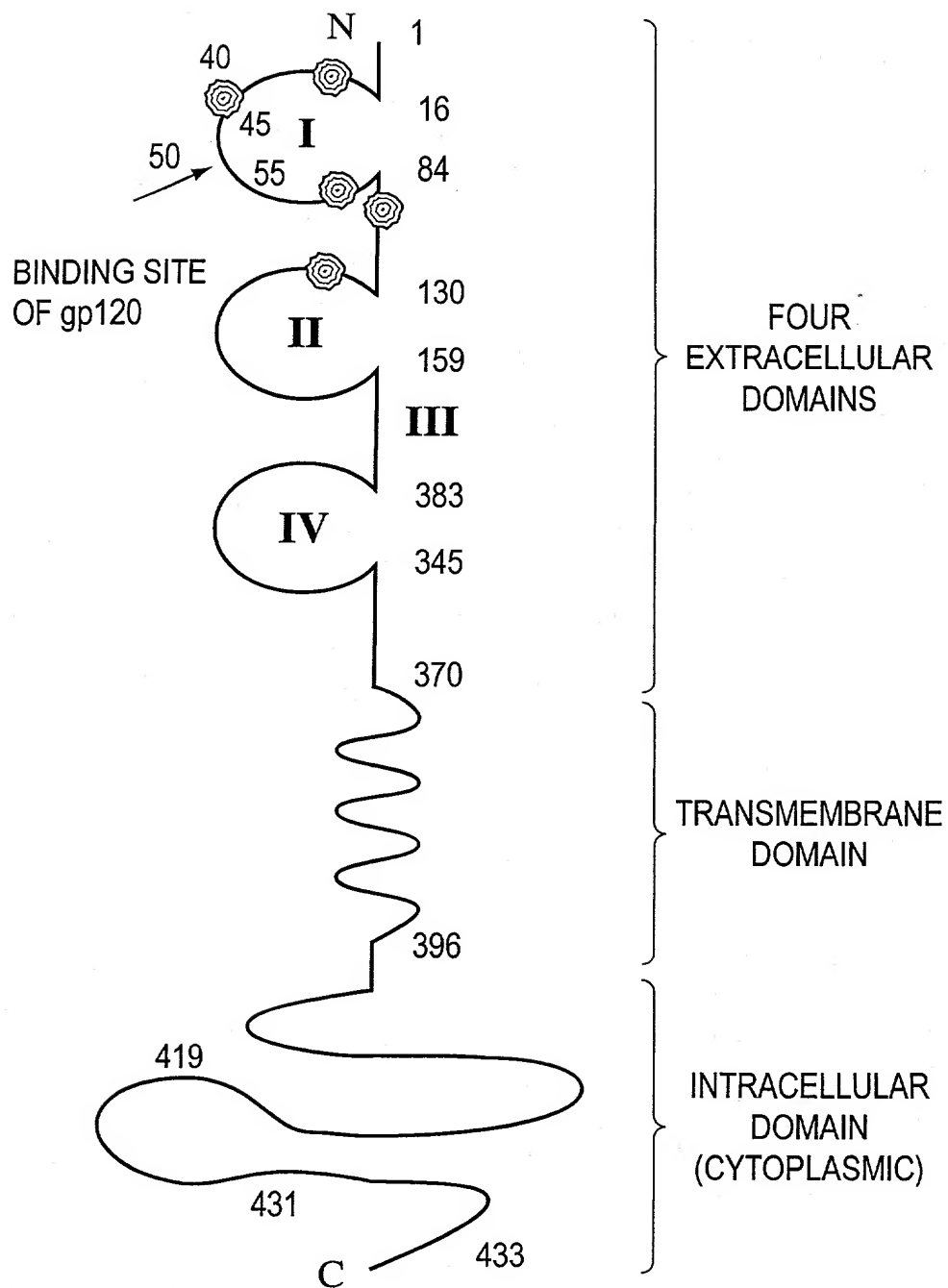
**FIG. 1**



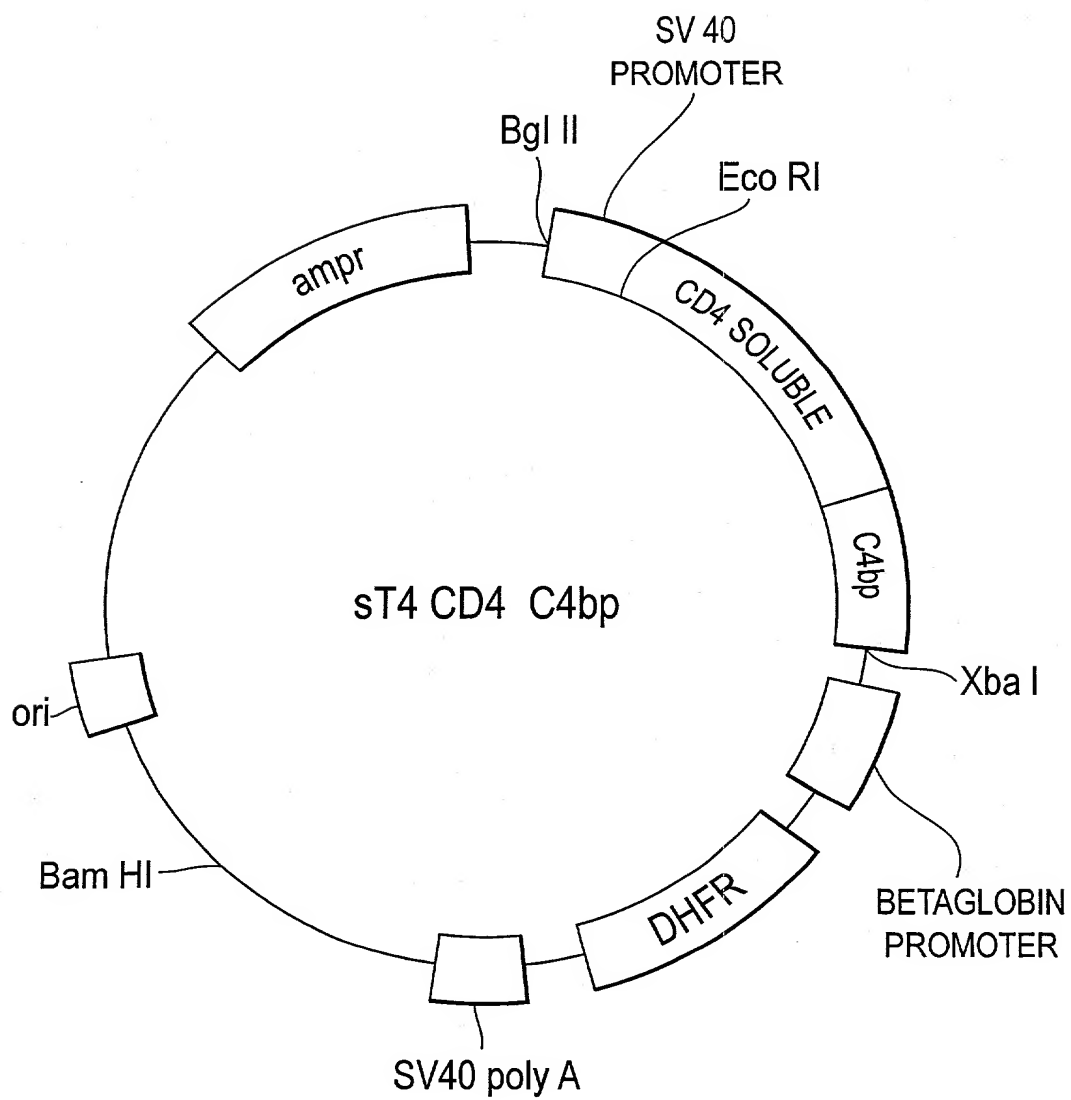
**FIG. 2**



**FIG. 3**



**FIG. 4**



**FIG. 5**

FIG. 6 is a line graph showing the viral load (RNA HIV1 copies/ml) over time (days) for various treatment groups. The y-axis is logarithmic, ranging from 0.1 to 1,000,000. The x-axis is linear, ranging from 0 to 12 days. The groups are: CONTROLS, 1x 10E8, sCD4-IgG, 1.6x 10E6, 1.3x 10E6, 0.5x 10E6, 2F5, and 2F5 + sCD4-IgG. The viral load increases over time for all groups, with the CONTROLS group showing the highest viral load and the 2F5 + sCD4-IgG group showing the lowest viral load.

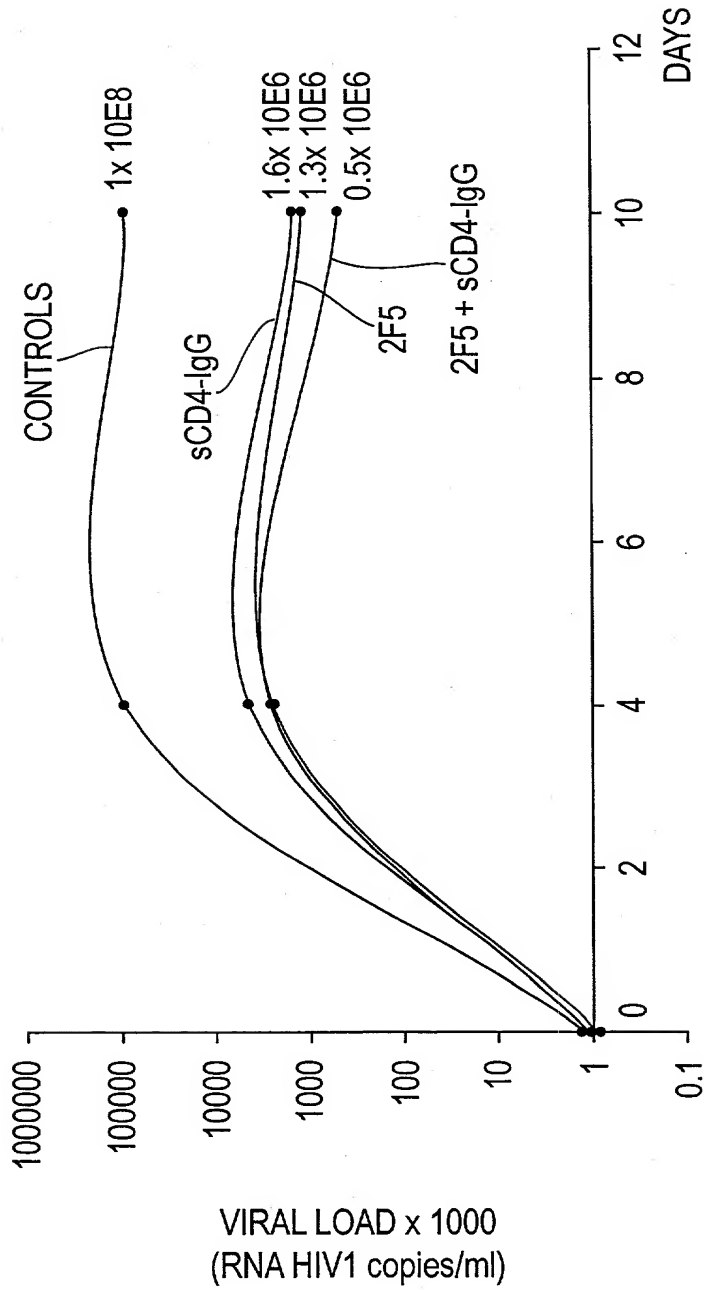


FIG. 6

UNITED STATES PATENT AND TRADEMARK OFFICE  
DOCUMENT CLASSIFICATION BARCODE SHEET



# Oath/Declaration, Small Entity, and Power of Attorney

8

# APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  
Gene therapy using anti-gp41 antibody and CD4 immunoadhesin

described and claimed in the specification:

Check one

\*a. ☐ attached hereto.

b. ☐ filed on \_\_\_\_\_ as Application No. \_\_\_\_\_ and amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

**James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;  
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;  
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;  
Mario A. Costantino, Reg. No. 33,565; Caroline D. Dennison, Reg. No. 34,494; and  
Stephen J. Roe, Registration No. 34,463.**

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.**

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name  
of First or Sole Inventor**

Jean-Louis

TOURAINÉ

Given Name

Middle Initial

Family Name

2 **\*\*Inventor's Signature:**

JEAN-LOUIS

TOURAINÉ

3 **\*\*Date of Signature:**

APRIL

22

2002

Month

Day

Year

Residence:

LYON

France

City

State or Province

Country

Citizenship:

French

Post Office Address:

(Insert complete 42 rue villon 69008 LYON (France)

mailing address,

including country)

\*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

**IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE X**

**PAGE 2 OF U.S.A. DECLARATION FORM**  
**(Discard this page in a sole inventor application)**

1 **Typewritten Full Name**  
**of Second Joint Inventor (if any)** Kamel SANHADJI  
Given Name Middle Initial Family Name

2 **\*\*Inventor's Signature:** Kamel SANHADJI

3 **\*\*Date of Signature:** April 22, 2002  
Month Day Year

Residence: LYON France  
City State or Province Country

Citizenship: French

Post Office Address:  
(Insert complete mailing address, including country) 43 Rue de Bonnel 69003 LYON (France)

1 **Typewritten Full Name**  
**of Third Joint Inventor (if any)** Pierre LEROY  
Given Name Middle Initial Family Name

2 **\*\*Inventor's Signature:** Pierre LEROY

3 **\*\*Date of Signature:** 9 APR 2002  
Month Day Year

Residence: ERNOLSHEIM LES SAVERNE France  
City State or Province Country

Citizenship: Franch

Post Office Address:  
(Insert complete mailing address, including country) 122 Rue Principale 67330 ERNOLSHEIM LES SAVERNE (France)

1 **Typewritten Full Name**  
**of Fourth Joint Inventor (if any)** Majid MEHTALI  
Given Name Middle Initial Family Name

2 **\*\*Inventor's Signature:** Majid Mehtali

3 **\*\*Date of Signature:** April 8th 2002  
Month Day Year

Residence: PLOBSHEIM France  
City State or Province Country

Citizenship: French

Post Office Address:  
(Insert complete mailing address, including country) 12 Rue du Général Leclerc 67115 PLOBSHEIM (France)

1 **Typewritten Full Name**  
**of Fifth Joint Inventor (if any)**

2 **\*\*Inventor's Signature:**

3 **\*\*Date of Signature:**

Residence:

Citizenship:

Post Office Address:  
(Insert complete mailing address, including country)

**\*\*Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.**  
**This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.**